

COMMANDING OFFICER'S GUIDE



Alcohol and Drug Abuse Prevention and Control

An Alcohol and Drug Abuse Prevention Guide for Commanding Officers,
prepared by the Director, Fleet and Family Support Division,
Navy Personnel Command
PERS-66



COMMANDING OFFICER'S GUIDE

Introduction

This guide has been prepared by Director, Fleet and Family Support Division, Navy Personnel Command, PERS-66.

It's purpose is to supplement formal education courses provided to leaders and provide a quick reference for handling substance abuse issues. This guide will provide general guidance as well as appropriate references to established Navy directives. Points of contact for all subject matter are provided to make resolution of substance abuse issues as effective and responsive as possible.

The Commanding Officer's Guide is provided for you, a Navy leader, to assist in handling substance abuse issues and problems. Navy Personnel Command is interested in hearing your comments on how this document can be improved to make your leadership role more effective.

Provide your feedback to:
Fleet and Family Support Division, PERS-66
(p602F@persnet.navy.mil)
5720 Integrity Drive
Millington, TN 38055

TABLE OF CONTENTS

Chapter 1:	Navy Alcohol and Drug Policy	6
Chapter 2:	Right Spirit Campaign	
	<i>What is Right Spirit</i>	9
	<i>Campaign Goals</i>	9
	<i>Leadership Responsibility</i>	10
Chapter 3:	Substance Abuse Impact on Today's Navy	12
	<i>Alcohol Trends</i>	13
	<i>Drug Trends</i>	14
Chapter 4:	Leadership Responsibilities	15
Chapter 5:	Education	
	<i>Why Train</i>	18
	<i>Who Provides Training</i>	19
	<i>When and Where</i>	20
	Mandated Courses	
	<i>Alcohol Aware</i>	21
	<i>ADAMS</i>	21
	Recommended Courses	
	<i>ADAMS Facilitator</i>	22
	<i>PREVENT</i>	22
	<i>URINALYSIS Program Coordinator (UPC)</i>	23
Chapter 6:	Incident Handling	
	<i>Alcohol Incident</i>	24
	<i>Drug Incident</i>	25
	CO's Action	
	<i>Alcohol</i>	26
	<i>Drug</i>	26

Reporting

<i>Drug & Alcohol Abuse Report (DAAR)</i>	27
---	----

Chapter 7:	Treatment and Continuum of Care	
	<i>Screening</i>	28
	<i>Treatment Levels of Care</i>	29
	<i>Continuing Care</i>	29
	<i>Aftercare</i>	30
Chapter 8:	Command Specific	
	Questions to ask at your command	
	<i>Right Spirit Campaign</i>	32
	<i>Leadership</i>	32
	<i>Education</i>	33
	<i>Incident Handling</i>	33
	<i>Drug Testing</i>	34
	<i>Treatment & Care</i>	35

Appendix A: Reference Listing

By Subject

DOD	36
SECNAV	36
CNO	37
NAVPERSCOM	37
BUMED	38
Office of Civilian Personnel Management	38

Appendix B: Points of Contact

Navy Personnel Command	39
Drug and Alcohol Program Management Activity (DAPMA)	39
Navy Alcohol and Drug Directory	40
Web Site Sources	40

CHAPTER ONE

ALCOHOL ABUSE, DRUG USE POLICY

This chapter provides the basic Navy Policy for Alcohol Abuse and Drug Use Prevention and Control. Information in this chapter is supplemented by the references addressed herein along with appropriate personnel contacts.

- ✓ **Drug Use**
- ✓ **Alcohol Abuse**
- ✓ **DAPA**

Alcohol abuse and drug use is costly in terms of time lost and is a severe detriment to morale and esprit de corps. It undermines the very fiber of combat readiness, health, safety, discipline, reliability, judgment and loyalty.

Alcohol abuse and drug use is incompatible with maintaining high standards of performance, military discipline and readiness and is destructive of Navy efforts to instill pride, promote professionalism, and enhance personal excellence.

Navy Approach to Alcohol Abuse and Drug Use Problems

- ❖ Enhanced detection and deterrence
- ❖ Firm, constructive discipline
- ❖ Prevention Education
- ❖ Treatment

DRUG ABUSE

Navy's policy on drug use is simply, **ZERO TOLERANCE**.

Every command shall test a minimum of 10 percent of all assigned personnel monthly. Commands may test up to 40 percent of personnel assigned. Every command shall conduct a unit sweep of all personnel assigned once a year.

Drug use involves wrongful use, possession, manufacture, and /or distribution of a controlled substance without legal justification or authorization. OPNAVINST 5350.4C provides the requirement.

Navy members guilty of a single incident of drug use, are in violation of applicable provisions of the UCMJ, federal, state or local statutes, shall be disciplined as appropriate and **processed for administrative separation.**

Members diagnosed as drug dependent shall be offered treatment prior to separation. CO's are encouraged to offer treatment to personnel diagnosed as drug abusers prior to separation.

Personnel must be screened by a medical facility. See chapter 6 for detailed information. For Treatment and Continuing Care Information, see chapter 7.

ALCOHOL ABUSE

Navy's policy on alcohol is **Responsible Use.**

Responsible use is self imposed limitation on time, place and quantity when consuming alcohol. Alcohol consumption is never an excuse for misconduct.

Members who choose not to drink shall be supported in their decision. Commands will emphasize moderation and shall deglamorize alcohol use.

Members must be **screened** at a Medical Treatment Facility (MTF) when alcohol incidents occur or the CO thinks the member may have an alcohol problem.

Members who think they may have an alcohol problem are encouraged to self-refer before an incident occurs. (See Chapter 6)

Alcohol dependence and abuse are considered treatable. It is the Navy's position to return as many sailors as possible to full duty following appropriate:

Education (Ch. 5)

Intervention (Ch. 6)

Treatment /Continuing Care (Ch. 7)

Alcohol related misconduct is a significant fitness/performance factor.

Treatment, without misconduct, is not viewed as detrimental to a Naval career.

COMMAND DRUG AND ALCOHOL PROGRAM ADVISOR (DAPA)

Your DAPA is your primary advisor for all substance abuse issues and reports directly to you or your XO. A well-trained, conscientious, and trustworthy DAPA is one of your most valuable assets to administer and manage your command alcohol and drug abuse prevention program.

REQUIREMENTS

- ❖ Primary DAPA should be E-7 or above and assistant DAPAs E-5 or above.
- ❖ Commands with 1,000 or more shall assign a full-time DAPA.
- ❖ CO may appoint as many DAPAs and assistants as deemed necessary. A ratio of at least one for every 200 personnel assigned is recommended.

DAPA and assistant DAPAs are appointed by you in writing and **shall**:

- ✓ *not have had an alcohol incident within the 2 years*
- ✓ *have at least 1 year remaining in the command after appointment (except for those on 1-year orders)*
- ✓ *have achieved at least 2 years sobriety if successfully completed treatment*
- ✓ *NOT be assigned duties as urinalysis program coordinators*
- ✓ *attend the DAPA course within 90 days of appointment*

Other DAPA information is included in OPNAVINST 5350.4C.

CHAPTER TWO

RIGHT SPIRIT CAMPAIGN

This chapter provides information about Navy's *Right Spirit* Campaign Goals and how the CO can make a significant contribution to the success of this effort.

- ✓ **What is Right Spirit**
- ✓ **Campaign Goals**
- ✓ **Prevention and Deglamorization**
- ✓ **Personal Responsibility**
- ✓ **Leadership Responsibility**



What is Right Spirit?

- 1996 SECNAV initiative.
- Concentrated effort to change Navy's attitude and culture toward Alcohol.
- It is Education, Deglamorization, Intervention and Accountability for everyone.
- Targets everyone from Seaman to Admiral.
- Requires Responsibility from All Hands, regardless of rank.
- Educates All Hands.
- Emphasizes alternatives to drinking.
- Emphasizes Navy Core Values.



CAMPAIGN GOALS

- Enhance Fleet Readiness by reducing alcohol abuse and related incidents
- Provide a safe and productive working environment
- Ensure quality of life for members, shipmates, and families

PREVENTION AND DEGLAMORIZATION

Navy suffers the effects of many alcohol abuse incidents yearly. Right Spirit strives to put the responsibility of not letting alcohol abuse hurt the Navy upon everyone. There is a strong need to deglamorize alcohol on a continuing basis in today's Navy. It takes a concentrated effort by everyone, especially leaders, to stop alcohol abuse.

**Get the *Right Spirit*
It's Your Responsibility.
It's Your Navy.**

PERSONAL RESPONSIBILITY

Right Spirit puts the responsibility for the effects of alcohol abuse on individuals. Everyone must promote positive attitudes and behaviors about avoiding alcohol abuse.

LEADERSHIP RESPONSIBILITY

The CO's vision drives the command leadership framework toward command excellence.

Emphasis on the goals of Right Spirit will help reduce the impact of alcohol abuse on Navy readiness.

WHAT THE CO CAN DO?

Command Action: COs, OICs must:

- ☐ Ensure policies are implemented - Hold Members Accountable.
- ☐ Ensure education is available for everyone.
- ☐ Always provide non-alcoholic beverages at command events.
- ☐ Intervene early when you see the signs of abuse.
- ☐ Medically screen members who are involved in alcohol incidents.
- ☐ Support referrals to appropriate educational and clinical treatment programs.
- ☐ Be involved in members aftercare program.
- ☐ Make 'It's OK Not to Drink' **your** policy.
- ☐ Establish and publicize your own command policy.

Promote Right Spirit on a daily basis in your command.

Deglamorize Alcohol and Your efforts **will** make a difference in lowering the number of alcohol abuse incidents, DWIs and related accidents.

**Right Spirit is not prohibition.
If members choose to drink, it requires they do it in
a responsible manner.**

Use Right Spirit Promotional Materials

- ☐ 'Right Spirit' magazine - Published quarterly
Available on the web at <http://navdweb.spawar.navy.mil>
- ☐ Make available *Right Spirit* posters, stickers, and coasters depicting Right Spirit for use in the command. Contact pers602c@persnet.navy.mil if additional materials are needed.



The Right Spirit

CHAPTER THREE

SUBSTANCE ABUSE IMPACT

This chapter provides an overview of the impact substance abuse, both Drug and Alcohol, has upon Navy. Statistics and current summary information is made available for your use. Data here is current at time of publication but the latest statistics can be obtained from the points of contact listed in Appendix B.

- ✓ **Alcohol Abuse Impact**
 - ✓ **History**
 - ✓ **Drug Abuse Impact**
-

Alcohol Abuse Impact

Alcohol Abuse Impacts Navy
Every Day - 365 Days a Year

The following figures were our loss experience in 2000 - **A significant impact on readiness.** You will see in the history section, that this is an improvement from past years. We would like to think these reductions are due aggressive prevention efforts at the command level.

Alcohol Incidents = 4154 or nearly **12** per day

DWI = 1124 or almost **3** per day

Incidents, DWIs and Alcohol Related Fatalities are primary indicators of the magnitude of alcohol abuse. In addition to these indicators, many other serious problems arise from alcohol abuse.

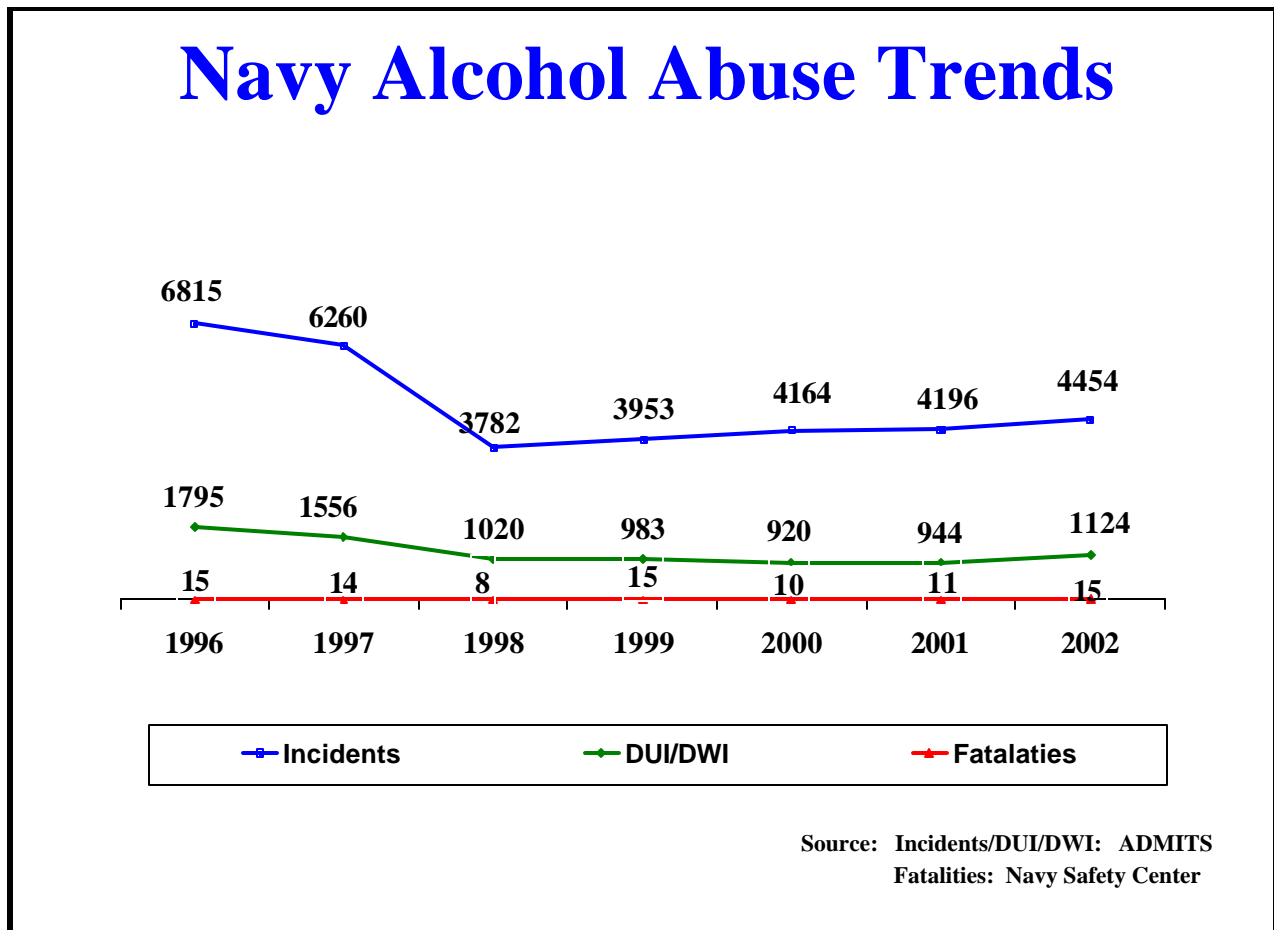
Those include:

- ☐ Motor vehicle crashes (non-fatal).
- ☐ Recreation, Home and Athletic Fatalities.
- ☐ Crimes Against Persons:
 - Murder, Rape, Assault, Indecent Assault
 - Child Abuse, Child Sexual Abuse
 - Robbery.
- ☐ Crimes Against Property:

Burglary
Larceny - government and personal.

A significant percentage of all the above crimes are alcohol related.

HISTORY



The chart above provides a historical perspective on the primary indicators for **Alcohol** from 1996-2002.

DRUG ABUSE IMPACT

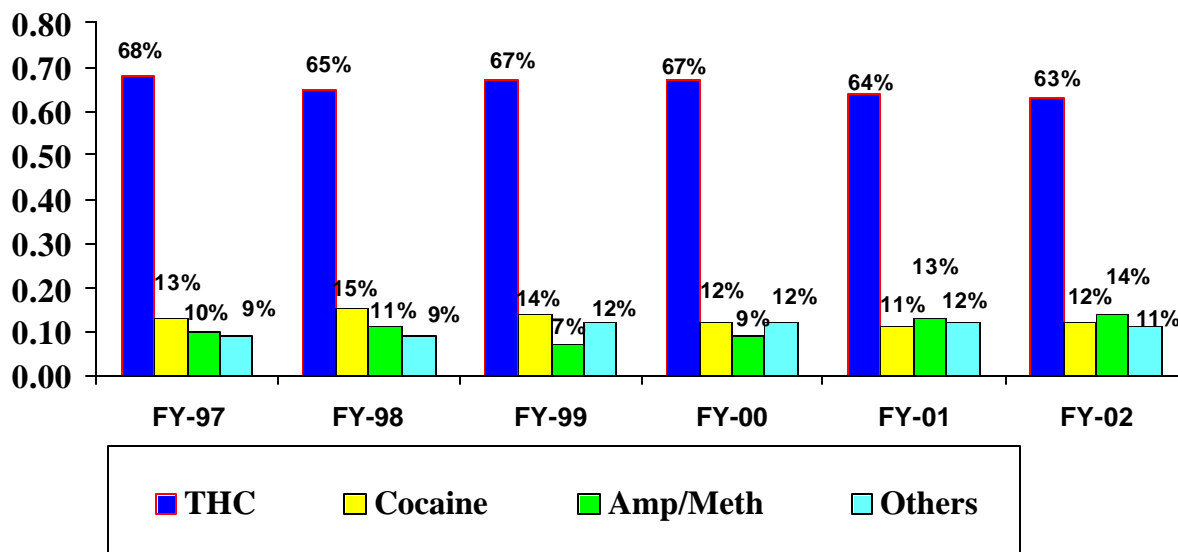
In FY01 Navy tested **933,136** samples for Drug use.

6,307 were found POSITIVE

One of every 146 samples submitted in FY 01 were Positive

The 1998 DoD WorldWide Survey of Health Related Behaviors Among Military Personnel cited Navy as the only Service with a **“Significant decrease in Drug Abuse”** since 1995.

Navy Urinalysis Statistics Prevalence Trends by Drug



CHAPTER FOUR

LEADERSHIP RESPONSIBILITY

Commanding Officer

Command Action: COs, OICs must:

- ☐ Ensure **policies** are implemented - Hold Members Accountable.
- ☐ Ensure **education** is available for everyone (see Education - Chapter 5).
- ☐ Always provide **non-alcoholic beverages** at command events.
- ☐ **Intervene** early when you see signs of abuse.
- ☐ Medically **screen** members who are involved in alcohol incidents (See Reporting Incidents - Chapter 6).
- ☐ Support **referrals** to appropriate educational and clinical treatment programs (See Treatment and Continuum of Care- Chapter 7).
- ☐ **Be involved** in member's aftercare program (See Continuum of Care Chapter 7).
- ☐ Make "It's OK Not to Drink" your policy.

Promote Right Spirit on a daily basis in your command. Your efforts will make a difference in lowering the number of alcohol abuse incidents, DWIs and related accidents.

Setting a strong personal example of responsible behavior by demonstrating responsible conduct on and off duty is a primary responsibility.

SET THE TONE

Emphasize personal, shipmate, leadership and command responsibility while promoting healthy lifestyles for all Navy members.

Commanding Officer's set the tone of the command climate. Active support to an environment that fosters healthy lifestyles is a significant influence toward reduction of alcohol and drug abuse in the Navy.

Healthy lifestyles contribute to reduced alcohol and other drug abuse by:

Involving members in physical fitness and sports activities to optimize personal health and enhance readiness.

Supporting tobacco abstinence and/or discouraging use of tobacco products provides a healthy physical environment.

Providing nutrition and stress management education ensures healthy and fit members.

Use Right Spirit Promotional Materials

- ☐ Right Spirit Bulletin - Published quarterly
Available on the web at <http://navdweb.spawar.navy.mil>
- ☐ Make posters, stickers, and coasters depicting Right Spirit available and in use in the command.
- ☐ If your command needs promotion materials contact: p602c@persnet.navy.mil

USE your Drug and Alcohol Program Advisor (DAPA) and your Alcohol and Drug Control Officer (ADCO). They will provide you with valuable information and help you make Right Spirit work.

See Chapter 8 for a list of questions you should ask personnel at your command. These questions will help you and your personnel focus on establishing and maintaining a climate which supports Navy's position on Alcohol and other Drug abuse.





**Tackle Alcohol and
other Drug Abuse
in Your Command**

Get The Right Spirit

CHAPTER FIVE

COMMAND LEVEL ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL EDUCATION AND TRAINING

PREVENTION THROUGH EDUCATION

This chapter provides a description and requirements of Navy command level education and training available to individuals and commands in support of Navy alcohol and drug abuse prevention and control.

- ✓ Why Train?
- ✓ Who provides training / when/ where?
- ✓ Which courses are mandated / recommended?
- ✓ Course requirements / descriptions

WHY TRAIN ?

Your personnel trained in mandated and recommended prevention education and training will:

- Ensure you have an effective command program.
- Enhance your ability to perform your mission.
- Help you avoid alcohol and drug incidents and their costly and time-consuming consequences.



WHO PROVIDES TRAINING?

Navy Personnel Command, Navy Alcohol and Drug Abuse Prevention (NADAP) Branch has alcohol and drug training detachments in Norfolk and San Diego. These detachments, Drug and Alcohol Program Management Activities (DAPMAs), provide command level alcohol and drug abuse prevention education and training, deglamorization and health promotion services, and technical assistance to Navy commands and naval organizations.

DAPMA Norfolk serves Navy Commands **east** of the Mississippi River and naval organizations assigned to Atlantic Fleet and European Commands.

DAPMA San Diego serves Navy commands **west** of the Mississippi River and naval organizations assigned to Pacific Fleet commands.

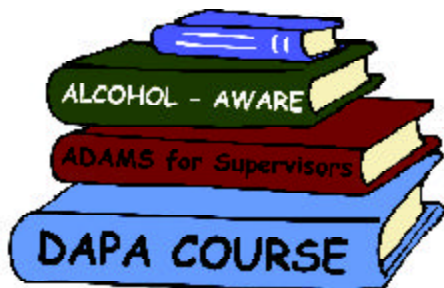
Each Detachment maintains its own quota control for all courses.

Navy Personnel Command Detachment
Drug and Alcohol Program Management Activity, Norfolk
(NAVPERSCOM Det DAPMA, Norfolk)
1683 Gilbert Street Suite 300
Norfolk, VA 23511-2719

Quota Control: DSN 564-8193/90 or comm (757) 444-8193/90
FAX DSN 564-4676 or comm (757) 444-4676
Email: dapmaeast@nsn.cmar.navy.mil

Navy Personnel Command Detachment
Drug and Alcohol Program Management Activity, San Diego
(NAVPERSCOM Det DAPMA, San Diego)
937 N. Harbor Drive Suite 17
San Diego, CA 92132-0017

Quota Control: DSN 522-4979 or comm (619) 532-4979
FAX DSN 522-4984 or comm (619) 532-4984
<http://bluemoon.spawar.navy.mil/dapmasd>



WHEN AND WHERE?

PERS-66 publishes a Navy-wide Schedule of Alcohol and Drug Abuse Prevention Education and Training each fiscal year which is available from second and third echelon Alcohol and Drug Control Officers (ADCOs) and also from the PERS-66 website: <http://navdweb.spawar.navy.mil> under Education – Training on the main menu.

WHICH COURSES ARE MANDATED/RECOMMENDED?

MANDATED

DAPA Course
ALCOHOL-AWARE
ADAMS for Supervisors
ADAMS for Leaders

RECOMMENDED

PREVENT 2000
ADAMS Facilitators
UPC Course
NDSP Training

MANDATED COURSES

Drug and Alcohol Program Advisor (DAPA) Course

NOTE: A well-trained, conscientious and trustworthy **DAPA** is one of your most valuable assets to administer and manage your command alcohol and drug abuse prevention program. **DAPA required qualifications** are in the OPNAVINST 5350.4C.

DAPA training is mandated within 90 days for the individual appointed as DAPA. This course teaches your DAPA knowledge and skills to be your primary advisor for all substance abuse issues.

This one-week course is provided by DAMPMAs Norfolk and San Diego, by VTT, and by Mobile Training Teams (MTT).

POCs for DAPA course quota control: Norfolk DSN 564-8193 or (757) 444-8193; San Diego DSN 522-4979 or (619) 532-4979

ALCOHOL AWARE

Mandated for all hands within two years of accession. Target population: Sailors 18-25 years old.

It's a four-hour command-level course which makes Sailors aware of the basic nature of the drug alcohol; risks involved in using and abusing alcohol; Navy policy, expectations, instructions, core values, and what is meant by responsible use of alcohol.

AWARE is delivered by command DAPAs who have instructor experience. Other command personnel with relevant experience and/or knowledge may also deliver this course.

Many Command make AWARE part of their command indoctrination.

Alcohol and Drug Abuse Leaders/Supervisors (ADAMS) Courses



- Supervisors Course and Leaders Course are **mandated**.
- Collateral duty ADAMS Facilitators course is **recommended**.

ADAMS for Supervisors

Mandated one-day training that provides all E-5 and above personnel in first-line supervisory positions with skills and knowledge to: be a role model, prevent abuse, observe subordinates, recognize signs and symptoms of possible abuse; document substandard performance or conduct; support Medical assessments (via DAPA), treatment, and Aftercare. Civilians who supervise naval military personnel should also attend ADAMS supervisor training.

ADAMS for Supervisors is provided by both DAPMAs, on-site or via Mobile Training Teams (MTT) and also by command level collateral duty ADAMS Facilitators who have been certified by NADAP (PERS-663).

ADAMS for Leaders

Mandated half-day seminar provides COs, officers, OICs, XO's, CMCs, and other leaders such as department heads information necessary to develop, maintain, and evaluate effective command alcohol and drug programs.

ADAMS for Leaders is delivered by both DAPMAs on site or via MTTs

RECOMMENDED COURSES

ADAMS for Supervisors Facilitator Training and Certification

“The Facilitators Course”

Recommended to commands as an efficient method to meet ADAMS for Supervisors training requirements. Commands can have their own Supervisors Course Facilitators trained by the DAPMAs and certified by NADAP (PERS-663).

Detailed Facilitator eligibility requirements and course schedules are published annually by PERS-66. Scheduling of Alcohol and Drug Abuse Prevention Education and Training is posted on the NADAP web site, <http://navdweb.spawar.navy.mil>

Five days of classroom training is followed by a brief mandatory period during which the **Facilitator candidates must be certified** by PERS-66 before conducting ADAMS for Supervisors on a regular basis.

Both DAPMAs deliver the Facilitators Course both in-house and via MTTs. Certified command collateral duty Facilitator have reporting requirements contained in the ADAMS Management Manual. Quota Control is handled by both DAPMAs.

PREVENT (Formerly NADSAP)

Personal Responsibility and Values: Education and Training

Recommended for target population: Sailors 18-25 years old.

NOTE: PREVENT alone is not appropriate for a Sailor who has been involved in an alcohol incident and is not a substitute for a medical assessment and/or treatment, if indicated.

A 24-hour facilitated command prevention course dealing with a variety of behavioral issues including alcohol and other drug abuse, decision-making, health and wellness, life skills, financial responsibility, and personal responsibility for life-style choices.

PREVENT is available at many locations throughout Navy and is facilitated by contracted personnel. POC is DAPMA, San Diego at DSN 522-4965/66 or (619) 532-4965/66.

Urinalysis Program Coordinator (UPC) Course

Recommended one-day training session for local command Urinalysis program Coordinators (UPCs), Alcohol and Drug Control Officers (ADCs), executive officers (XOs), and legal personnel. This course now includes training on the Navy Drug Screening Program (NDSP). Although the UPC course is not required, it is strongly recommended for UPCs in order for commands to maintain the integrity of their urinalysis testing programs.

OPNAVINST 5350.4C of 29 June 1999 states that UPCs shall be designated in writing by the commanding officer (CO). The UPC shall be responsible for maintenance and administration of the command urinalysis program including the training of assistant UPCs and observers and the shipment of the samples to the assigned NAVDRUGLAB. Officers and chief petty officers should serve as UPCs and observers to the greatest extent possible and have the highest trust and confidence of the commanding officer.

The Navy has successfully operated a urinalysis program for the past 20 years. During the past 8 years the Navy Drug Screening Program (NDSP) software has been an integral part of the Navy's urinalysis program. Our ongoing pursuit of "Zero Tolerance" for drug abuse has seen NDSP evolve into an effective tool to deter illicit drug use and virtually eliminate gaming of the urinalysis program. NDSP minimizes the opportunity to game the urinalysis system while maximizing the deterrent effect by keeping the test days unpredictable.

NDSP is a mandated computer-based software program application developed to assist commanding officers (COs) in administering monthly random drug testing. NDSP enables the CO to establish monthly drug testing parameters for the command. Once parameters have been set, NDSP randomly selects the test days and the individuals to be tested.

Both DAPMAs provide NDSP, both in-house and via MTTs.

CHAPTER SIX

ALCOHOL and DRUG ABUSE INCIDENTS

This chapter provides information about handling alcohol and drug abuse incidents. It will give you the definition and the general procedure for dealing with incidents in your command and discuss follow on action.

- ✓ Why Report?
 - ✓ Alcohol incidents defined
 - ✓ Drug-related incidents defined
 - ✓ Is it an incident?
 - ✓ Screening by medical
 - ✓ Reporting: DAAR
 - ✓ Who gets DAAR data?
 - ✓ CO's Action
 - Incident
 - No incident
-

WHY REPORT ALCOHOL-RELATED INCIDENTS? -

2002 - [4454](#) INCIDENTS NAVY WIDE
That is [12](#) Every Day of the Year

How Many Did Your Command Have?

What is the Trend?

Up_____ or Down_____

**What is the Impact of Alcohol and Drug Abuse?
Can we really know? Yes - but ONLY by Accurate Reporting**

Consider that there were likely many situations that should have been reported as Incidents. We know the impact of alcohol abuse on Navy is greater than the statistics indicate.

Alcohol abuse is not a command problem - it is a Navy problem and a Readiness issue.

The key to reducing alcohol and drug abuse incidents and reducing the impact on Readiness is at the command level.

WHAT IS AN ALCOHOL-RELATED INCIDENT?

“An offense punishable per the UCMJ or civilian authority committed by a member where in the judgment of the member’s CO, the consumption of alcohol was a contributing factor.”

WHAT IS A DRUG-RELATED INCIDENT

Any incident in which the use of a controlled substance or illegal drug, or the misuse of a legal drug or intoxicating substance (other than alcohol), is a contributing factor.

IS IT AN INCIDENT?

It’s the CO’s Call.

Decision Factors: Determining if a situation is an alcohol or drug abuse Incident?
Some circumstances are straight forward decisions.

Underage drinking- Yes it is an incident: **It is against the law.**

DWI: Yes But...What if..... the member gets a DWI reduced to a lesser charge?

CO’s judgment: review of circumstances and evidence involved may still lead you to determine it is an Incident.

Key Factor: Was the consumption of alcohol a contributing factor to the situation.

SCREENING A means to intervene early when drug or alcohol problems are present or suspected.

- ✓ **Medical evaluation to determine if alcohol problem exists**
- ✓ **Required for Alcohol or Drugs when incident occurs**
- ✓ **Command Directed at CO’s discretion**
- ✓ **Self- Referral by Member**

Screening may result in a recommendation by the medical facility that the member receive treatment. See Chapter 7, Treatment and Continuing Care.

CO's ACTION: ALCOHOL

When alcohol-related Incident occurs:

1. Screen member
 - DAPA screen.
 - DAPA submits CO's package to medical.
2. **Submit Initial DAAR** (Drug and Alcohol Abuse Report) Within 30 days
3. Medical Screen recommendations
 - May include early intervention (Impact or equivalent), treatment or no services.
 - See OPNAVINST 5350.4C and Chapter 7.

When an Alcohol-Related incident has NOT occurred:

Command Referral (no incident)

- May be initiated when CO determines the need for screening.
- CO judgment call.
- Based on any credible signs and symptoms to indicate possible alcohol abuse problem.
- DAPA Screen and Medical Screen.
- Follow Medical screening recommendations.

See OPNAVINST 5350.4C and Chapter 7.

Self-Referral (no incident)

- Initiated by member.
- Member's request made to DAPA, CO, OIC, XO, Navy Drug and Alcohol Counselor (or Intern), DoD Medical Personnel (including LIP), Chaplain or FSC counselor.
- DAPA Screen and Medical Screen.
- Follow Medical screening recommendations.

See OPNAVINST 5350.4C and Chapter 7.

CO's ACTION : DRUG ABUSE INCIDENT

When drug incident occurs:

Screen member

DAPA screen

DAPA submits CO's package to medical

All confirmed incidents of drug abuse require disciplinary action as appropriate, processing for **administrative separation**, and submitting the initial DAAR.

Any individual screened as drug dependent **must** be offered treatment prior to separation.

COs are encouraged to offer treatment to individuals screened as drug abusers prior to separation.

NOTE:

Self Referral for Drug Abuse is considered an incident of drug abuse and requires a DAAR submission and administrative separation processing.

Positive urinalysis results are forensic evidence for the presence of a drug(s) or drug metabolite(s) but are not considered an incident of drug abuse until the CO has reviewed all information available and made a determination that an incident of drug abuse has occurred. Once the CO determines an incident of drug abuse has occurred then DAAR submission is required.

REPORTING: DAAR - Drug and Alcohol Abuse Report

Purpose: To document alcohol and drug related incidents.

Requirement: OPNAVINST 5350.4C

DAAR is used for:

- Documentation
- Demographic data
- Trend Analysis
- Reporting to Congress, DOD, SECNAV

Remember: An alcohol DAAR is NOT:

- Input to Selection Boards
- Filed in Service Records
- End of Sailor's Career

DAAR is processed by Navy's Alcohol and Drug Management Information Tracking System (ADMITS), a computerized database at PERS-66

POC: e-mail: ADMITS@persnet.navy.mil

Reporting ACTION:

Required submission for an Alcohol and Drug Abuse Incident (See OPNAVIST 5350.4C for detailed procedures)

DAARs reporting Drug Incidents become permanent entries in member's Electronic Military Personnel Record System (EMPRS).

Submit after investigation and command decisions on discipline (if any) have been determined.

Your DAPA will provide assistance but the DAAR is signed by the CO.

CHAPTER SEVEN

TREATMENT and CONTINUUM OF CARE

This chapter provides information on the treatment process, part of BUMED Continuum of Care.

- ✓ **SCREENING**
- ✓ **TREATMENT – LEVELS OF CARE**
- ✓ **CONTINUING CARE**
- ✓ **AFTERCARE**



Navy Continuum of Care provides you with a perspective of case management and patient administration.

SCREENING

Alcohol abuse/dependency screening at a Medical Treatment Facility(MTF) is mandatory for members who are involved in an alcohol incident regardless of rank or status.

Medical screening is the clinical and administrative function for determining the need for treatment and the appropriate portal of entry into the continuum of care.

The Licensed Independent Practitioner (LIP), with the recommendation of a certified Navy Drug Alcohol Counselor, **will determine the need for admission and level of care.**

**THE LICENSED INDEPENDENT
PRACTITIONER MAKES THE DECISION ON
THE LEVEL OF CARE A MEMBER RECEIVES**

COs are encouraged to discuss any concerns with the LIP regarding treatment recommendations.

Treatment—Levels of Care

☐ **Early Intervention/IMPACT Education**

20 hour course

Individuals who misused alcohol (without a pattern of abuse)

☐ **Outpatient Services (OP)**

Treatment length variable (40-50 hours).

Four hours per day (approximately 2 weeks).

Go home at night or return to command.

MEDEVAC (BEQ/BOQ).

☐ **Intensive Outpatient Services (IOP)**

Patients diagnosed alcohol dependent or with alcohol abuse are recommended for abstinence based program.

100 hours over 4 weeks

Full time for two weeks.

Partial day/evenings for last two weeks.

☐ **Residential Services/Inpatient Treatment (IP)**

Comprehensive full-time care

Variable length of care - Maximum is 4 Weeks

AD/TDY to BUMED Treatment Facility

☐ **Medically Managed (“Detox”)**

During screening, the patient is under observation for signs of withdrawal. With a diagnosis of significant risk of severe withdrawal symptoms, the patient requires immediate medical attention.

The patient will be placed under observation in BUMED medically managed care for detoxification.

When stable, the patient will be reassessed and transferred to the appropriate care facility.

Continuing Care(CC)

Myth: Continuing Care and Aftercare are the SAME.

Continuing Care is recommended by and is the responsibility of the MTF.

After Care begins after medical treatment ends and is the responsibility of the command for 12 months. It consists primarily of administrative monitoring.

Continuing Care Goals:

- ☐ Support of recovery process and relapse prevention
- ☐ Provide a forum that's abstinence based
- ☐ Program length is based on individual needs/progress

Continuing Care Consists of:

Individual and group sessions

- ☐ 1-3 hours per week
- ☐ Focus on unmet psycho-social needs, personality traits and disorders, and any other concerns.

Education Focus

- ☐ Recovery/relapse issues.
- ☐ Leisure-time activities.
- ☐ Lifestyle changes related to abstinence/responsible use.

Outpatient Service

- ☐ Weekly program, meet with certified counselor 1 to 3 hours per week at treatment facility.
- ☐ Go home at night or return to command.

Aftercare

The treatment facility prepares a written summary of care to the member's command. This summary may contain referrals for additional medical/social services, and an aftercare plan, including recommendations for ongoing participation in approved self-help groups and clinically monitored outpatient counseling groups (continuing care).

MTF/ATF will ensure aftercare plans include recommended continuing care as needed, and are tailored to the needs of the member and the command.

Commands are responsible, through their DAPAs, for actively monitoring and supporting aftercare plans. COs will meet with DAPAs and members with active treatment recommendations/aftercare plans at least quarterly to review progress. If the command identifies difficulties with recommended actions, the MTF/ATF should be consulted. Command monitoring will continue through the completion of the individualized Aftercare Plan, not to exceed 12 months.

Command monitoring and support of aftercare plans, coordinated with the DAPA, are very important in assisting members to successfully meet treatment goals.

NOTE: Where operational commitments dictate, this Aftercare Plan may be modified by the CO.

For instance, a medical treatment facility may recommend three AA meetings per week, but the service member is deployed on board a ship where only one AA meeting per week is held. The CO may modify the Aftercare Plan to include attendance at one AA meeting per week, writing of a 200-word essay per week on a topic selected by the DAPA, or seeking and making contact with a mentor, or writing weekly letters to their counselors from the addiction treatment facility.

CHAPTER 8

FREQUENTLY ASKED QUESTIONS

This chapter provides a list of questions by subject area of this guide. These questions can be used to assess the Command's posture regarding Alcohol and Drug Abuse. They are not intended to guide the command toward all they need to know about these subject areas. They are common questions, the answers to which will help the CO to align the Alcohol and Drug Abuse posture of the command.

Chapter Two: RIGHT SPIRIT CAMPAIGN

- 1. Are Right Spirit materials on hand and being distributed to the deckplates?**
- 2. Is the Right Spirit Bulletin being regularly received in sufficient quantities for the size of the command?**
*Distributed quarterly by PERS-6.
Notify P602C@persnet.navy.mil to get on mailing list or change quantity.*
- 3. Do we provide non-alcoholic beverages at command functions?**
Right Spirit Campaign encourages non-alcoholic drinks at all command functions where alcohol is served.
- 4. Do we have any non-alcohol functions or areas where alcohol is not served?**
Non-alcohol functions or areas where alcohol is not allowed is becoming more common at some commands. Such functions show strong support for "it's ok not to drink".

Chapter Four: LEADERSHIP RESPONSIBILITIES

- 1. Is everyone in a leadership position in the command aware of the Right Spirit goals?**
*ALNAV 011/96 announces a comprehensive alcohol abuse prevention and deglamorization campaign for the DON requiring all Navy and Marine Corps leaders, from the most senior officers to the most junior enlisted, to demonstrate the same leadership, responsibility and accountability that we apply to all readiness areas. It starts with setting the right personal example and establishing the right climate in all our commands.
This campaign stresses leadership responsibility, command responsibility, shipmate/fellow marine responsibility, and most importantly, personal responsibility.
NAVOP 008/96 stresses leadership, command, shipmate, and personal responsibility.*

2. Do the command leaders show outward support for the alcohol and other drug abuse policies?

ALNAV 011/96 and NAVOP 008/96 stress that all hands in positions of authority, from Petty Officers to the most senior officers, must aggressively deglamorize the use of alcohol. This includes setting a strong personal example of responsible behavior, both on and off duty, and fostering a climate that motivates subordinates to conduct themselves at all times as professional navy members.

Chapter Five: EDUCATION (Reference: OPNAVINST 5350.4C)

1. Do we have a primary DAPA designated in writing? With sufficient assistants to get the job done?

One per 200 personnel.

2. Did the DAPA attend the DAPA course within 90 days of appointment?

One week course available from DAPMA San Diego or Norfolk

3. Have my supervisors attended the ADAMS Supervisors Course? Has the CO, XO, CMC and managers and Department Heads attended the ADAMS Managers Course?

Both courses available through DAPMA.

4. Have we sent qualified personnel to the Facilitators Course to become certified to teach ADAMS for Supervisors as a collateral duty?

If a certified facilitator is needed in your command for ADAMS courses, a qualification course is available from DAPMA.

5. Has everyone attended the Alcohol Aware Course? Do we teach the Alcohol Aware Course in the command? Where?

Aware is required within two years of accession.

Chapter Six: INCIDENT HANDLING (Reference OPNAVINST 5350.4C)
(Questions to review with your DAPA.)

1. How many incidents have we had in the past 12 months? Drugs? Alcohol? How many in the past 3 years?

2. How many personnel have been command referred to alcohol or drug screening for evaluation?

3. How many personnel have self-referred for alcohol or drug abuse dependency evaluation?
4. Has the command experienced an incident where screening by the medical facility recommended treatment and the command did not agree?
5. Have DAARs been submitted for all alcohol and drug related incidents?

Drug Testing

1. Who is the current UPC? Is he/she designated in writing?

Designation letter required by OPNAVINST 5350.4C.

- Are there assistant UPC's? If so, are they designated in writing?

Designation letter required by OPNAVINST 5350.4C.

- If not, who handles UPC's sample?

OPNAVINST 5350.4C prohibits UPCs and observers from handling own samples. If the command requires the UPCs and observers to be tested, and assistant UPC or UPC from another command shall be used.

2. Has the UPC and assistant UPCs attended UPC training?

UPC training is available to Fleet via DAPMA San Diego and DAPMA Norfolk Mobile Training Teams. See Chapter 5.

3. How are observers selected to participate in the collection?

Recommended method is a list of pre-selected observers from the duty roster. Are the observers briefed? Briefing observers ensures correct Direct Observation procedures are employed. Observer training/brief sheets should be maintained with each urinalysis collection.

4. How are personnel notified of requirement to provide a sample?

Personnel selected for urinalysis are notified via email, phone, or quarters depending current command notification policy.

5. Currently, who has authority to exempt a member that has been selected to provide a sample from providing a sample?

Only CO can exempt person or designate who can exempt individuals from providing urinalysis.

6. What is current policy when a member claims inability to provide a sample?

Recommend personnel remain in an enclosed/secured area under observation and be allowed to consume fluids until ready to provide urinalysis.

7. Is the command using NDSP?

NDSP is computer software that selects personnel to be tested.

NDSP was mandated December 2001 DOD wide.

8. Does this command's Urinalysis program meet minimum Navy requirement of 10% each month?

Requirement established in OPNAVINST 5350.4C.

9. Does the UPC maintain complete files?

UPC files for each collection should be maintained IAW command SORM.

10. Are sufficient urinalysis supplies maintained onboard to conduct a Command Unit Sweep tomorrow?

Recommend commands maintain sufficient supplies to conduct one unannounced Unit Sweep.

11. Are urinalysis supplies stored in a secured area?

If so, who has access? If not, why not?

12. Has this command received any discrepancy messages from the Navy Drug Screening Lab?

If so how do we document corrective action?

12. When was the last time the command had a positive urinalysis?

What administrative actions were taken?

Chapter Seven: TREATMENT AND CONTINUUM OF CARE

(Reference: OPNAVINST 5350.4C)

(Questions to review with your DAPA.)

1. How many personnel do we presently have in Aftercare?

2. Did the command modify the BUMED treatment aftercare plan for any member currently in Aftercare?

3. Are command leaders aware of the differences between Continuing Care and Aftercare?

APPENDIX A

REFERENCES



This appendix provides a reference listing for Drug and Alcohol Abuse Prevention and Control. References are provided in two formats - by subject matter and by number. All are current series.

Department of Defense



Military Personnel Drug Abuse Testing Program

DOD Directive 1010.1 9 Dec 94

Drug and Alcohol Abuse by DOD Personnel

DOD Directive 1010.4 3 Sep 97

Drunk and Drugged Driving by DoD Personnel

DOD Directive 1010.7 10 Aug 83

Technical Procedures for the Military Personnel Drug Abuse Testing Program

DOD Instruction 1010.16 9 Dec 94

SECRETARY OF THE NAVY

Alcoholic Beverage Control

SECNAVINST 1700.11C

Enlisted Administrative Separations

SECNAVINST 1910.4B

Administrative Separation of Officers

SECNAVINST 1920.6B

Investigative and Counterintelligence Collection and Retention Guidelines Pertaining to the DON

SECNAVINST 3820.2D

Military Substance Abuse Prevention and Control

SECNAVINST 5300.28C

Alcohol Abuse, Drug Abuse and Operating Motor Vehicles

SECNAVINST 5300.29B

Nuclear Weapon Personnel Reliability Program

SECNAVINST 5510.35A

Criminal and Security Investigations And Related Activities Within the Department of the Navy	SECNAVINST 5520.3B
---	--------------------

Department of the Navy Clemency and Parole Systems	SECNAVINST 5815.3H
---	--------------------

Department of the Navy Drug-Free Workplace Program	SECNAVINST 12792.3
---	--------------------

CHIEF OF NAVAL OPERATIONS

Drug and Alcohol Abuse Prevention and Control	OPNAVINST 5350.4C
--	-------------------

Submarine and Nuclear Propulsion Program Personnel Drug/Alcohol Policy	OPNAVINST 5355.3B
---	-------------------

Navy Law Enforcement Manual	OPNAVINST 5580.1A
-----------------------------	-------------------

Department of the Navy Military Working Dog Program	OPNAVINST 5585.2B
--	-------------------

Physical Readiness Program	OPNAVINST 6110.1G
----------------------------	-------------------

Motor Vehicle Traffic Supervision	OPNAVINST 11200.5C
-----------------------------------	--------------------

COMMANDER NAVY PERSONNEL COMMAND

Naval Military Personnel Manual (MILPERSMAN) Article

Extension of Enlistments	1160-040
--------------------------	----------

Members of Fleet Reserve Subject to the UCMJ	1830-010
--	----------

Administrative Separation (ADSEP) Policy And General Information	1910-010
---	----------

Separation by Reason of Convenience of the Government - Personality Disorder(s)	1910-122
--	----------



Separation by Reason of Misconduct Pattern of Misconduct	1910-140
Separation by Reason of Misconduct Drug Abuse	1910-146
Separation by Reason of Alcohol Abuse Rehabilitation Failure	1910-152
Navy Performance Evaluation and Counseling System	BUPERSINST 1610.10
Administrative Procedures for Naval Reservists on Inactive Duty	BUPERSINST 1001.39D
Enlisted Transfer Manual	NAVPERS 15909G

BUREAU OF MEDICINE AND SURGERY

Disposition of Rehabilitated Alcohol Dependent or Abuser Aircrew, Air Controllers, Hypobaric Chamber Inside Observers and Instructors	BUMEDINST 5300.8
Standards for Provisions of Substances Related Disorders Treatment Services	BUMEDINST 5353.4A
Competence for Duty Examinations Evaluations for Sobriety, and Other Bodily Views and Intrusions Performed by Medical Personnel	BUMEDINST 6120.20B

OFFICE OF CIVILIAN PERSONNEL MANAGEMENT

Department of the Navy Drug-Free Workplace Program	SECNAVINST 12792.3
---	--------------------

NAVPERS 15909D	Enlisted Transfer Manual
COMNAVPERSCOM Ltr Oct 00	Schedule of Alcohol and Other Drug Abuse Prevention Education and Training Courses for FY99

APPENDIX B

POINTS OF CONTACT RESOURCE LISTING

The following **points of contact and resources** can provide valuable information for any issue, problem or situation related to substance abuse. Included are organizational and personnel contacts as well as an internet resource guide.

Organizational Contacts

NAVY PERSONNEL COMMAND (PERS-66)

5720 Integrity Drive
Millington TN 38055-6000

<http://navdweb.spawar.navy.mil>

PERS-66 Director, Fleet and Family Support Division
PERS-66B Deputy Director

<u>Navy Alcohol and Drug Abuse Prevention Branch</u>	<u>PERS-663</u>	DSN (Comm 901-874)
PERS-663 Branch Head	p603@persnet.navy.mil	882-4400
PERS-663B Education & Training	p602b@persnet.navy.mil	882-4250
PERS-663C Urinalysis Policy	p603c@persnet.navy.mil	882-4240
PERS-663D Right Spirit Media	p602c@persnet.navy.mil	882-4251
PERS-663E NDSP	p603d@persnet.navy.mil	882-4252
PERS-663F Alcohol Policy/Waivers	p602f@persnet.navy.mil	882-4266
PERS-663G Substance Abuse Trainier	p603b@pernet.navy.mil	882-4626

DAPMA NORFOLK

Navy Personnel Command Detachment
DRUG AND ALCOHOL PROGRAM MANAGEMENT ACTIVITY (DAPMA Norfolk)
1683 Gilbert St Suite 300
Norfolk, VA 23511-2718
DSN: 564-8190/8193
COMM: (757) 444-8190/8193
FAX: (757) 444-9413

DAPMA SAN DIEGO
Navy Personnel Command Detachment
DRUG AND ALCOHOL PROGRAM MANAGEMENT ACTIVITY (DAPMA) San Diego
937 Harbor Drive Suite 17
San Deigo, CA 92132-0017
DSN: 522-4964
Comm: (619) 532-4964
Fax: (619) 532-4984

NAVY DRUG AND ALCOHOL DIRECTORY

This publication is a ready reference for key information on Navy and Marine Corps drug and alcohol program activities. The complete publication is available on the web at:

<http://navdweb.spawar.navy.mil>

The Internet provides an excellent source for drug and alcohol information. This listing is some of the sources that can provide a wealth of information.

Your Primary Source:

The Navy Drug and Alcohol Web Site:

<http://navdweb.spawar.navy.mil>

Additional sources:

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

www.niaaa.nih.gov

ALCOHOLICS ANONYMOUS

www.aa.org

PREVENTION ONLINE (PREVLIN)

www.health.org

WORLD HEALTH ORGANIZATION

www3.who.int/whosis/menu.cfm

MOTHERS AGAINST DRUNK DRIVING

www.madd.org/home

NATIONAL NETWORK FOR HEALTH

[ww.nnh.org](http://www.nnh.org)



[illegible]

[illegible]

[illegible]



Drug and Alcohol Abuse Prevention and Control

Support the

Right Spirit

